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**IMPORTANT NOTICE**  
**TELECOPY/FACSIMILE COVER LETTER**

TO: Examiner H.N. Nguyen  
Art Unit 2834  
United States Patent and Trademark Office

DATE: 12/19/2002

FROM: Michael L. Crapenhof

TIME: 1:59 PM

TOTAL NO. OF PAGES, INCLUDING COVER: 15

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**MESSAGE:**

Amendment after Final attached.

United States Patent Application Serial No. 09/919,370

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TELECOPY/FAX NUMBER: 1-703-872-9319  
CLIENT NUMBER: 81868.0033  
ATTORNEY BILLING NUMBER: 3118  
CONFIRMATION NUMBER: 1-213-337-6701

81868.0033

FORM PTO-1083

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

SAICHI, et al.

Serial No: 09/919,370

Filed: July 30, 2001

For: MOTOR HAVING A DYNAMIC PRESSURE BEARING  
APPARATUS AND A MANUFACTURING METHOD  
THEREOF

Art Unit: 2834

Examiner: NGUYEN, H. N.

I hereby certify that this correspondence  
is being transmitted by facsimile to  
Technology Center 2800 of the United  
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(703) 872-9319, on

December 19, 2002

Date of Deposit

Michael Crapenholt, Reg. No. 37,115

Name

December 19, 2002

Signature

Date

Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
- ☐ A certified copy of \_\_\_ Patent Application No. \_\_\_ filed \_\_\_ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
- ☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	32	-	20	12	LG=\$18 SM=\$9	\$ 216
INDEPENDENT CLAIMS FEE	4	-	3	1	LG=\$84 SM=\$42	\$ 84
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL						\$ 300

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$\_\_\_ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☐ A check in the amount of \$\_\_\_ to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.By: Michael L. Crapenholt  
Registration No. 37,115  
Attorney for Applicants

Date: December 19, 2002

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